

PLACE OF BIRTH

1. County of Pima

District of _____

Town of Miami

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 159County Registrar No. 421

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Arnold Balderrama If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth May 24-1924 Month day year8. FATHER
Full name Jesus Balderrama9. Residence (Usual place of abode) Miami Arizona
If nonresident, give place and state10. Color or race Mex 11. Age at last birthday 24 (Years)12. Birthplace (city or place) Clifton Arizona
(State or country)13. Occupation Barber
Nature of industry14. MOTHER
Full maiden name Rita Lorio15. Residence (Usual place of abode) Miami Arizona
If nonresident, give place and state16. Color or race Mex 17. Age at last birthday 21 (Years)18. Birthplace (city or place) Mexico
(State or country)19. Occupation Housewife
Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P m. on the date above stated.
(Born alive or stillborn.)Signature Charles E. Twin
(Physician or midwife)
Address Miami ArizonaFiled May 31 19 24 Local Registrar. C. E. TwinFiled 6-6 19 24 County Registrar. B. J. H. A.

Registrar.

121-524-936

SERVED FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY

In case of error, than one shall be made, a SEPARATE RETURN must be made for each, and if

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